Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 200	5226			Rep File			CANDI	DATE		COMN	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Cand	date or L	obbyist:		LOC	AL (0032E	BJ PA AM	ERICA	N DRE	AM FU	ND					
Street Address:	28 WEST 18	TH ST															
City:	NEW YORK							State:	NY			Zip Cod	ie: 10	0011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DAY POST- 3. AMENDMENT Y REPORT?						Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	Ē- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPOR	T 7.	Year 2020					IG METHO				PAPER DI			DISKE	TTE	
Name of Office S	Sought by Candid	ate:			_			DATE 0	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	County Code	
	,							МО	DAY	YE	AR	Number	code			code	
								2	2	25	2020		(SEE IN	STRUCTI	ONS FOR (ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł .			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	il Olli.		12 13	2	019	Т	<u> </u>	2	:	10	2020						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			17,6	60.49						
B. Total Moneta	ary Contribution	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 17,660.49																	
D. Total Expenditures (From Schedule III) \$ 15,000.00																	
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			2,6	60.49						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00						
				AFF	IDA	VI	T SE	CTION									
PART I - If this is			_								_						
I swear (or affirm) correct and comple) that this report, ir ete.	cluding the	e attached scl	nedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	
Sworn to and subs	cribed before me tl day of	nis	20							s	ignature	of Perso	n Submit	ting Re	ort		
			_				-					Prin	ted Name	e			
My Commission Ex	Signa opires	ure										Ema	il				
	мо	D	AY	YR			-		Are	ea Cod	e		e Teleph	none Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							ĺ
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	1
Sworn to and subsc	ribed before me thi	s									Si	ignature o	of Candid	ate			
	day of						_					Du!4	d Nac-				
	Signature	•					-					Printe	d Name				
My Commission Exp	_	-										Ema	il				
	мо	D	AY	YR	1		-		Area	Code		Da	aytime T	elephor	ie Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	12/13/201	<u>9</u> To:	2/10/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)	-		\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee of Canadate				Reporting Period From: To:					
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	•			Rep	orting Pe	riod			
				Froi	m:		То):	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	5 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>/</i>	AGE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od							
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	12/13/2019 To :	2/10/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Cano	lidate		Reporti	ng Period			
LOCAL 0032BJ PA AMERICAN DR	EAM FUND		From	12/13	3/2019	То:	2/10/2020
				DATE			AMOUNT
To Whom Paid Green for Safe and Accountable C	Communities		мо	DAY	YEAR		
Mailing Address 3131 Spangler	- Street		2	10	2020	\$	10,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA19132				otion of Exp			
To Whom Paid Benham for PA			мо	DAY	YEAR		
Mailing Address P.O. Box 4239	8		12	31	2019	\$	1,000.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15203		otion of Exp			
To Whom Paid Friends of Jared Solomon	·	·	мо	DAY	YEAR		
Mailing Address P.O. Box 7522			12	31	2019	\$	250.00
City Philadelphia State Zip Code (Plus 4) PA 19101			I -	otion of Exp			
o Whom Paid riends of Liz Hanbidge				DAY	YEAR		

City Ambler	State PA	Zip Code (Plus 4) 19002	Description of Expenditure Political contribution					
	FA	19002	Political contribution					
To Whom Paid Green for Safe and Accountable Comm	unities		МО	DAY	YEAR			
Mailing Address 3131 Spangler Stre	et		12	31	2019	\$	1,250.00	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19132	Political contribution					

Mailing Address

P.O. Box 461

1,250.00

31 2019

12

To Whom Paid			МО	DAY	YEAR		
Mailing Address P.O. Box 3254			MO	DAI	ILAK		
			12	31	2019	\$	1,250.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	scription of Expenditure			
·	PA	19130	Political contribution				
							PAGE TOTAL
nter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D				\$	
inter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D				\$	
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D				\$	
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D				\$	
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 15,000.00
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D				\$	